

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

2010 JUL 20 AM 9:06

COMMITTEE NAME (Must be same as on Statement of Organization)
COMMITTEE TO ELECT MASCHER

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
Mary Mascher

Political Party (if applicable)
Democratic

Office Sought
General Assembly-House of Representatives

District (if Senate or House)
77

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	863
Logged In	MVW
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Joanette Carter
SIGNATURE OF PERSON FILING REPORT

319-338-5922
TELEPHONE

7/16/10
DATE SIGNED

I AM FILING A July 19, 2010 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report date)

Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED 7/14/10

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election <u>November 2, 2010</u>
County & Local Committees, enter County in which Election is held <u>Johnson</u>

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 6024.06

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5050.00

Schedule F: Loans Received total (Attach Schedule F)

-

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 11074.06

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

500.00

Schedule F: Loan Repayments total (Attach Schedule F)

10574.06

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 14.69

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MASCHER

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
6/21/10	ID# CK#	Linda M. Nelson 5366 Hardings Landing Road Council Bluffs, IA 51501		\$ 200 ⁰⁰	<input type="checkbox"/>
6/28/10	ID# 863 CK# 2017	MEDIMMUNE PAC 2 Medimmune Way Gaithersburg, MD 20878		100 ⁰⁰	<input type="checkbox"/>
7/14/10	ID# CK#	Mark & Julia Doll 815 Southbranch Drive Waukee, IA 50263		250 ⁰⁰	<input checked="" type="checkbox"/>
7/14/10	ID# CK#	Michael G. Brewington 7109 NW 95th Court Johnston, IA 50131		250 ⁰⁰	<input checked="" type="checkbox"/>
7/14/10	ID# CK#	Timothy Lauphler 4413 Cheyenne Blvd. Sioux City, IA 51104		250 ⁰⁰	<input checked="" type="checkbox"/>
7/14/10	ID# CK#	Tami Vansant 120 N. 127th PLZ Omaha, NE 68154-2164		250 ⁰⁰	<input checked="" type="checkbox"/>
7/14/10	ID# CK#	Ronald J. Kirchhoff 16792 Thunder Ridge Dr. Poosla, IA 52068		250 ⁰⁰	<input checked="" type="checkbox"/>
7/14/10	ID# CK#	Bill Wallace 5155 Silver Spur Rd. Bettendorf, IA 52722-5813		250 ⁰⁰	<input checked="" type="checkbox"/>
7/14/10	ID# 6098 CK# 3707	Iowa BEV PAC #6098 321 E. Walnut suite 310 Des Moines, IA 50309-2026		1,000 ⁰⁰	<input checked="" type="checkbox"/>
7/14/10	ID# CK#	Robert Fahr PO Box 358 Waterloo, IA 50704		250 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$ ~~300~~ 3050

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT MASCHER

☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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7/14/10	ID# CK#	Christine Riesenbeck 5579 Chip Shot Circle Burlington, IA 52601-8674		\$ 250 ⁰⁰	<input checked="" type="checkbox"/>
7/14/10	ID# CK#	Scott Doll 77 Pelican Cove Council Bluffs, IA 51501		250 ⁰⁰	<input checked="" type="checkbox"/>
7/14/10	ID# CK#	Kenneth W. Sharp 204 E. Prairie Creston, IA 50801		250 ⁰⁰	<input checked="" type="checkbox"/>
7/14/10	ID# CK#	Dudley Fleck 2013 Aspen Rdg SE Cedar Rapids, IA 52403		250 ⁰⁰	<input checked="" type="checkbox"/>
7/14/10	ID# CK#	Charley Whittenburg 1608 W. 4th St. Spencer, IA 51301		250 ⁰⁰	<input checked="" type="checkbox"/>
7/14/10	ID# 9773 CK# 1049	SEIU Local 199 2000 James St Ste 111 Cornville, IA 52241		500 ⁰⁰	<input checked="" type="checkbox"/>
7/14/10	ID# CK#	Joseph D. Lee 221 E. College St, #1205 Iowa City, IA 52242		250 ⁰⁰	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 2000⁰⁰

TOTAL (if last page of this schedule)

\$ 5050⁰⁰

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Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURES
☐ CHECK THIS BOX IF
AMENDING FORM
COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Mascher

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/25/10	ID# CK#	Johnson County Democrats P.O. Box 1773 Iowa City, IA 52244	Rent for Candidate's office	\$ 500 ⁰⁰
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 500 ⁰⁰
TOTAL (If last page of this schedule)				\$ 500 ⁰⁰

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Mascher

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND
CONTRIBUTIONS☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/17/10	Truman Fund 5661 Fleur Drive Des Moines, IA 50321		Food and drink for April fundraiser	\$ 14.69	<input checked="" type="checkbox"/>
	(see note from Linda Andersen about late filing. 6/8/10)				<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

14.69

TOTAL (if last

\$

page of this
schedule)

14.69

Page 1 of 1
(for Schedule E)

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.